

City of New Holstein  
ci.newholstein.wi.gov

Questions? Call Jeff Schroeder  
Baseball/Softball Director  
920-898-5648 or  
920-418-3564

# Baseball/Softball Participant Registration Form

**Registration Day—Thursday, January 28, 2016**

**3-6:30pm at New Holstein City Hall basement**

**\*Players must attend registration to be fit for uniforms\***

**\*\*No Refunds after 3/15/16 or once uniforms are ordered\*\***

For Office Use Only:

Shirt: ☐ Youth ☐ Adult \_\_\_\_\_

Pants: ☐ Youth ☐ Adult \_\_\_\_\_

☐ Child not present to size

Paid CASH / Check # \_\_\_\_\_

Boys Baseball Fees—includes pants, shirt, hat					Girls Softball Fees—includes pants & shirt				CO-ED Little Sluggers Baseball Fees			
Rates Before 3/1/16		Late Fee Assessed After 3/1/16			Rates Before 3/1/16		Late Fee Assessed After 3/1/16		Rates Before 3/1/16		Late Fee Assessed After 3/1/16	
Resident	Non-Res	Resident	Non-Res		Resident	Non-Res	Resident	Non-Res	Resident	Non-Res	Resident	Non-Res
\$55	\$60	\$75	\$80		\$55	\$60	\$75	\$80	\$25	\$30	\$45	\$50
Fee with <u>NO</u> pants	\$45	\$50	\$65	\$70	\$45	\$50	\$65	\$70				

Participant Name (Print First Last)	Address	City	Home Phone	Current Grade	Gender M/F	Birthdate	Age	Fee

**Level (Please check one box) - based on current grade**

Boys			Girls			Little Sluggers	
Rookies	Grades 1-2	<input type="checkbox"/>	Girls C	Grades 1-4	<input type="checkbox"/>	Currently	<input type="checkbox"/> 4K
Minors	Grades 3-4	<input type="checkbox"/>	Girls B	Grades 5-6	<input type="checkbox"/>	in 4K & 5K	<input type="checkbox"/> 5K
Little League	Grades 5-6	<input type="checkbox"/>	Girls A	Grades 7-9	<input type="checkbox"/>		
Graders	Grades 7, 8, 9	<input type="checkbox"/>					

**Little Sluggers** will be held Thursday evenings from May to July.

**Girls Softball** games are mostly Sundays from May to August.

**Boys Baseball** games from May to August: Rookies & Minors on Fridays, Little League on mostly Fridays, and Graders mostly Sundays.

Parent/Guardian Name (Print First Last) (Parents will be asked to volunteer for Concession Stand Work)	Home Phone No.	Cell Phone No.	E-mail

## Coaches Needed!

Please indicate below if you are interested in Coaching. Application & Criminal background check required.

\_\_\_\_\_ Yes, I'm interested in coaching

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_



### City of New Holstein Parent & Athlete Concussion Agreement

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

#### PARENT AGREEMENT:

I \_\_\_\_\_ have read the Parent Concussion and  
(please print)

Head Injury Information at [http://sped.dpi.wi.gov/sped\\_tbi-conc-guidelines](http://sped.dpi.wi.gov/sped_tbi-conc-guidelines) and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### ATHLETE AGREEMENT:

I \_\_\_\_\_ have read the Athlete Concussion and  
(please print)

Head Injury Information at [http://sped.dpi.wi.gov/sped\\_tbi-conc-guidelines](http://sped.dpi.wi.gov/sped_tbi-conc-guidelines) and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Have you ever had a concussion? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

Have you ever experienced concussion symptoms? ☐ Yes ☐ No Did you report them? \_\_\_\_\_

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

**\*\* CHILD MUST SIGN \*\***

### Waiver of Liability and Release of Claims

I/We will not hold the City of New Holstein or Recreational Department Staff and Volunteers responsible for their negligence in the event of an accident/injury as a result of my child's participation in this recreational program. I/We release and discharge all claims that may arise to us as parents or guardians and to our child.

I hereby waive the right I have to bargain for different waiver of liability forms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Guardian ( Please Print)

### Insurance Information

Medical Insurance Carrier: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any special medical conditions/allergies that the coaches should be aware of:

☐ No Allergies

List: \_\_\_\_\_

List the names and phone numbers of persons who can be contacted during a game or practice in the event of an injury requiring emergency medical treatment (if parents can't be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that my child is in good physical health and may participate in all recreational activities. I also give permission for my child to be given emergency medical treatment.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)